

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Page 3

Name of Committee in Full Citizens For Southwestern City Schools									
Full Name of Contributor Mary Kinnaird-Padovan + Michael Padovan							Registration Number, IF PAC		
Street Address 1192 Stanhope Dr				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus		State OH		Zip Code 43221		M 07		D 20	
						Y 09		Amount 50.-	
Full Name of Contributor Amity LLC							Registration Number, IF PAC		
Street Address PO Box 504				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Circleville		State OH		Zip Code 43113		M 07		D 20	
						Y 09		Amount 200.-	
Full Name of Contributor Cindy + Chris Roe							Registration Number, IF PAC		
Street Address 3523 High Creek Dr				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus		State OH		Zip Code 43223		M 07		D 20	
						Y 09		Amount 25.-	
Full Name of Contributor Michael + Deborah Gibboney							Registration Number, IF PAC		
Street Address 3450 Tupelo St				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Grove City		State OH		Zip Code 43123		M 07		D 20	
						Y 09		Amount 50.-	
Full Name of Contributor Lois Rapp							Registration Number, IF PAC		
Street Address 1317 Northfield Rd				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Springfield		State OH		Zip Code 45502		M 07		D 20	
						Y 09		Amount 50.-	
Full Name of Contributor Scott + Chris Deubner							Registration Number, IF PAC		
Street Address 4684 Merit Dr				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Hilliard		State OH		Zip Code 43026		M 07		D 20	
						Y 09		Amount 75.-	
Full Name of Contributor Skate America Fun Center							Registration Number, IF PAC		
Street Address 4357 Broadway				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Grove City		State OH		Zip Code 43123		M 07		D 20	
						Y 09		Amount 200.-	
Full Name of Contributor J. Gregory Hart							Registration Number, IF PAC		
Street Address PO Box 298				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Galloway		State OH		Zip Code 43119		M 07		D 20	
						Y 09		Amount 1000.-	

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. (R.C. 3517.10(B)(4))

Page Total \$0.00